FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR SIFORM LIMITED OFFERING EXEMPTION

Estimated	average burden	3
hours per	response 16.00	2

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SEC USE ONLY									
Prefix		Serial							
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Convertible Note Due			·			
Filing Under (Check box(es) that:	apply): 🔲 Rule 504	☐ Rule 505	Rule 506	☐ Section 4	4(6) [] ULOE	
Type of Filing:	☐ Amendment					
	A. BASIC	IDENTIFICA	TION DATA			
1. Enter the information requested	about the issuer		,			
Name of Issuer (check if this	is an amendment and n	ame has chang	ed, and indica	te change.)		
FastShip, Inc.						
Address of Executive Offices	(Number and St			Telephone N	umber (Including Area Code	2)
1700 Market Street, S			19103	(215) 574-	-1770	•
Address of Principal Business Ope (if different from Executive Office	erations (Number and St	reet, City, Stat	PROCES	Telephone N	umber (Including Area Code	2)
Brief Description of Business		i i			1821) 2218; BIU 481;6 60:21 (80) 784) 88188 (10) (84)	
		d.	OCT 2.0 :	2005 /		
Commercial cargo vessel	design and operatio	n.		IV		
			THOMS	ON '	05068703	
Type of Business Organization			FINANCI	AL	44444	
€ corporation	☐ limited partnership,	, already forme	ed .	Oother (plea	use specify):	
D business trust	☐ limited partnership.	to be formed			• • •	
Actual or Estimated Date of Inco	rporation or Organizatio	m: Month	Year 9 7	☐ Actual	☐ Estimated	
Jurisdiction of Incorporation or C			stal Service ab other foreign j		State:	*

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no sederal siling see.

State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid CMJ B control number.

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Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer: Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. ☐ Beneficial Owner Executive Officer Check Box(es) that Apply: ☐ Promoter ☑ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Pederson, Einar Business or Residence Address (Number and Street, City, State, Zip Code) 1700 Market Street, Suite 2720 Philadelphia, PA 19103 Check Box(es) that Apply: ☐ Beneficial Owner EX Executive Officer ☑ Director ☐ Promoter ☐ General and/or Managing Partner Full Name (Last name first, if individual) Bullard II, Roland K. Business or Residence Address (Number and Street, City, State, Zip Code) Philadelphia, PA 19103 1700 Market Street, Suite 2720 Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☑ Executive Officer Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Chambers, Kathryn Riepe Business or Residence Address (Number and Street, City, State, Zip Code) Philadelphia, PA 19103 1700 Market Street, Suite 2720 . M Beneficial Owner D Executive Officer Check Box(es) that Apply: C Promoter Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Giles, David L. Business or Residence Address (Number and Street, City, State, Zip Codé) 1700 Market Street, Suite 2720 Philadelphia, PA 19103 ☐ General and/or ☐ Executive Officer Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner Director Managing Partner Full Name (Last name first, if individual) Colgan, Dennis Business or Residence Address (Number and Street, City, State, Zip Code) Philadelphia, PA 19103 1700 Market Street, Suite 2720 □. General and/or Check Box(es) that Apply: Beneficial Owner ■ Beneficial O ☐ Executive Officer □ Director ☐ Promoter Managing Partner Full Name (Last name first, if individual) Riverfront Development Corporation Business or Residence Address (Number and Street, City, State, Zip Code) 701 North Broadway, Glouchester City, NJ 08030 ☐ General and/or ☑ Beneficial Owner ☐ Executive Officer ☐ Director Check Box(es) that Apply: | Promoter | Pro Managing Partner Full Name (Last name first, if individual) Dunn, David E. Business or Residence Address (Number and Street, City, State, Zip Code) 2550 M Street; NW, Washington, DC 20037 Palton Boggs LLP, (Use blank sheet, or copy and use additional copies of this sheet, as necessary.) 2 of 8

A. BASIC IDENTIFICATION DATA · * /-

2. Enter the information requested for the following:

Each promoter of the issuer, if the issuer has been organized within the past five years;

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	•				n Appendi		,	-				•	
2. What	is the min	imum inv	estment th	at will be	accepted f	rom any ic	idividual?	• • • • • • • •	•••••	• • • • • • • • • • •	••••••	\$10.00	00
	at a company		• • • • • • • • • • • • • • • • • • •			- 6						Yes 1	No
			joint owner									. 13 1	
sion 0 to be list th	r similar re listed is an le name of	muneration associates the broke	sested for e on for solici d person or r or dealer, rth the info	itation of p agent of . If more	purchasers a broker o than five (;	in connecti r dealer re 5) persons	on with sal gistered wi to be lister	les of secur th the SEC I are assoc	ities in the	offering. I	f a person	1	
Full Name	(Last name	e first, if	individual)										 .
N/A													
Business or	r Residence	Address	(Number a	ınd Street	, City, Stat	te, Zip Co	de)						
	•										* .		
Name of A	ussociated I	Broker or	Dealer				····						
States in V	Vhich Perso	on Listed	Has Solici	ted or Inte	ends to So	licit Purch	asers				··		
(Check '	'All States'	" or chec	k individua	il States) .			· · · · · · · · · · · ·	••••		• • • • • • • • • •	•	☐ All Sta	ates
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[MT]	[NE]	[NV]	[HH]	[[[[]	[NM]	[YY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]	
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[AV]	[WA]	[WV]	[WI].	[WY]	[PR]	
Full Name	: (Last nam	e first, if	individual)									*
N/A		• .			•								
Business o	r Residence	e Address	(Number	and Street	t, City, Sta	ite, Zip Co	ode)						
2 4 8								•			•		
Name of	Associated	Broker o	r Dealer										
- ,								•					
States in 1	Which Pers	on Listed	Has Solic	ited or In	tends to So	olicit Purch	nasers						
			ck individu							,		□ All St	tates
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[MT]	[NE]	[NV]	[HH]	[[[[]	[MM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]	
[RI]	[SC]	[SD]	[TN]	[TX]	נענו	[VT]	[VA]	[WA]	[WV]	[W1]	[WY]	[PR]	
Full Nam	e (Last nar	ne first, i	f individua	1)			-						
N/A													
Business (or Residence	e Addres	s (Number	and Stree	t, City, St	ate, Zip C	ode)						
					-								
Name of	Associated	Broker o	or Dealer			•							
				*									
States in	Which Per	son Liste	d Has Soli	cited or Ir	ntends to S	olicit Purc	hasers						
			ck individ									☐ All S	
[AL]	[AK]	[AZ]	•	(CA)	[CO]	(CT)	[DE]	[DC]	[FL]	[GA]	[HI]		
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[RI]	[SC]	[SD]	[TN]	[TX]	נענו	[TV]	[VA]	[AW]	[wv]	[WI]	[WY]		

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange			
	and already exchanged.			
	Type of Security	Aggregate Offering Price	æ	Amount Already Sold
	Debt	\$		\$
	Equity		_	\$
	□ Common □ Preferred	:	;	
	Convertible Securities (including warrants)	\$ 36,000	_	\$ 36,000
	Partnership Interests	\$		\$
	Other (Specify)	\$		\$
	Total	\$ 36,000		s 36,000
	Answer also in Appendix, Column 3, if filing under ULOE.			
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number		Aggregate Dollar Amount
		Investors		of Purchases
	Accredited Investors	· -		\$:
	Non-accredited Investors	3		<u>\$ 36,000</u>
	Total (for filings under Rule 504 only)			s
	Answer also in Appendix, Column 4, if filing under ULOE.	•		
3.	. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.	Type of		Dollar Amount
	Type of offering	Security		Sold
	Rule 505			s
	Regulation A			\$
	Rule 504			s
	Total			\$
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.			
	Transfer Agent's Fees			s
	Printing and Engraving Costs			\$
	Legal Fees		Ø	s_1,000
	Accounting Fees			s
	Engineering Fees			\$
	Sales Commissions (specify finders' fees separately)			S
	Other Expenses (identify)			S
	Total	• • • • • • • • •	_	1,000

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

est	Sicate below the amount of the adjusted gross part of for each of the purposes shown. If the amount in the each of the estimate and check the box to the left of the estimate adjusted gross proceeds to the issuer set forth	nt for any purpose e. The total of the	Dayments lister	furnish a	เนิ al	•		
				4.0 2001	Paym Off Direc	enus to icers, tors, & listes		Payments T Others
	Salaries and fees		•••••••	<u>a</u>	<u>s</u>		. ·	
	Purchase of real estate	•••••	· · · · · · · · · · · · · · · · · · ·					
·•	Purchase, rental or leasing and installation of a							
	Construction or leasing of plant buildings and				*		•	
	Acquisition of other businesses (including the v offering that may be used in exchange for the a issuer pursuant to a merger)	ralue of securities i	involved in thi of another	S				
•	Repayment of indebtedness							
	Working capital		•					
	Other (specify):			·	,			
	•		 		, .	· .	u s	·
								35,000
•	Column Totals		•			5 3 3 5		
	Total Payments Listed (column totals added).							
ollov	Total Payments Listed (column totals added).	D. FEDERAL SIG the undersigned di souer to furnish to	NATURE uly authorized the U.S. Secur	person. If	this noti	ice is filed	i und	er Rule 505, t
ollov vest	Total Payments Listed (column totals added). Suer has duly caused this notice to be signed by thing signature constitutes an undertaking by the is	D. FEDERAL SIG the undersigned di souer to furnish to	NATURE Lity authorized the U.S. Secur credited invest	person. If rities and I or pursuas	this not	ice is filed	i undersion, 1	er Rule 505, tupon written if Rule 502.
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L.	Is any party described in I'd such rule?	7 CFR 230.2	52(c), (d), (e)	or (f) present	ly subject to any	of the disqualific	ation provisions	Ys M	No
					1			•	

See Appendix, Column.5, for state response.

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a sotice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature	Date 10/11/05
FastShip, Inc.	mechant puble	10/11/05
Name (Print or Type)	Title (Print or Type)	
Michael T. Nichols	Assistant Secretary	

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice is Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or print signatures.

	investors	to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item1)	Type of investor and amount purchased in State (Part C-Item 2)					fication te ULOE attach tion of granted)
				Number of Accredited		Number of	;	(ran E	-ltem1)
State	Yes	No		Investors	Amount	Non-Accredited Investors	Amount	Yes	No
AL		·							
AK								·	
AZ						·			
AR									
CA			·.						
co				·					
СТ				·					
DE									
DC									
FL									,
GA			·						
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	to non-a	to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item1)		amount pure	nvestor and chased in State C-Item 2)		Disquali under Sta (if yes, explana waiver g (Part E	te ULOE attach tion of granted)
				Number of Accredited		Number of Non-Accredited			
State	Yes	No		Investors	Amount	. Investors	Amount	Yes	No
NE			•						
NV					·				
NH								<u> </u>	
ИJ	х		Convertible N	ote 0	0	3	\$36,000		x
NM			\$36,000 .^.	· · ·					
NY									
NC							·.		
ND									
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OK				·					•
OR			·						
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